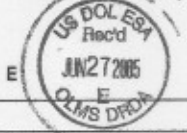


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2423</u>	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Randy D Meek P.O. Box, Bldg., Room No., if any Street 801 West Helen Cir City Lincoln State Nebraska ZIP Code + 4 68521-3749	4. Name, file number, and address of labor organization. Name Nebraska State Legislative Board - BLET (BROTHERHOOD OF LOCOMOTIVE ENGINEERS & TRAINMEN) Labor Organization File Number 023-007 P.O. Box, Building and Room Number, if any Street 801 West Helen Cir City Lincoln State Nebraska ZIP Code + 4 68521-3749
5. Position in labor organization. Chairman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Randy D Meek

On

06/17/2005

Date

402-476-2913

Telephone Number

Name Designline Services Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 801 West Helen Cir City Lincoln State Nebraska ZIP Code + 4 68521-3749	<input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Purchasing of web-hosting services from business for union use. 11.b. Approximate dollar value of such dealing. \$55 12.a. Nature of interest held or income received. \$55.00 in retail purchase of web hosting services annually. 12.b. Amount. \$55
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	